

**Form 1**

**School Readiness Program  
Application Coversheet**

**Return to:**  
First 5 California  
2389 Gateway Oaks, Suite 260  
Sacramento, CA 95833  
Attn: First 5 Forms

**Due Date:**  
**April 4, 2008**  
**Due no later than 5:00 p.m.**  
(early submissions are encouraged)

**Application Information**

		Amount of State First 5 SR Funds Requested (4-year total):*
		\$

For State FIRST 5 CALIFORNIA Use

**Name of County Commission:**

**SR Program:**

Executive Director:		Contact Person:	
Address:		Address:	
City:	Zip Code:	City:	Zip Code:
Phone:	Email:	Phone:	Email:

**County Commission Signature** (Provide an original signature below)

**Agreements and Certifications:**

The county commission agrees to collect and report additional information and data that will be necessary for the evaluation of, and ongoing reporting on, the School Readiness (SR) Programs consistent with the Statewide Research and Evaluation Framework adopted by First 5 California in 2005, and as updated.

The county commission agrees to provide coordination and monitoring of its funded SR Programs and acknowledges that failure to submit timely and accurate program or fiscal reports or failure to fully participate in the Statewide Evaluation, will result in a reduction of county coordination funds and School Readiness Program Funds provided to the county. The county commission agrees to participate in audits conducted by the State or its designee and to comply with all program requirements defined in this RFF and all other School Readiness Program policies established subsequent to the RFF.

I certify that no state and county First 5 funds will be used to supplant state or local General Fund money for any purpose, pursuant to California Revenue and Taxation Code section 30131.4.

I further certify that the required 1: 1 local cash match will be expended per fiscal year as described in this application and that state funds will not be used for fixed assets or capital improvements (See First 5 California Memo No. 01-04 and No. 01-06 at [www.cffc.ca.gov](http://www.cffc.ca.gov)).

**County Commission Chair or  
Executive Director's Name**  
(PRINT)

**Signature**

**Date**

\* This amount should match the amount on Form 4, Line C

**Form 2  
DELETED**

# SCHOOL READINESS PROGRAM OVERVIEW

Result Area: \_\_\_\_\_

Services		Describe how you will administer this service		Evidence-Based or Promising Practice	Target Population	Funding Source
Must Be taken from School Readiness RFF Attachment 4	Status	Briefly describe this service in 1-2 sentences	Include partners	Indicate if the service is Evidence-Based (EB) or Promising Practice (PP).	Please provide the number to be served in each category	Please indicate the amount of each funding source.
1.	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continued				Children ___ (0 to less than 3) ___ (3 – 5)  Special Needs Children ___ (0 to less than 3) ___ (3 – 5)	SR Only \$_____  Blended \$_____  Leveraged \$_____
2.	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continued				Children ___ (0 to less than 3) ___ (3 – 5)  Special Needs Children ___ (0 to less than 3) ___ (3 – 5)	SR Only \$_____  Blended \$_____  Leveraged \$_____
3.	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continued				Children ___ (0 to less than 3) ___ (3 – 5)  Special Needs Children ___ (0 to less than 3) ___ (3 – 5)	SR Only \$_____  Blended \$_____  Leveraged \$_____
4.	<input type="checkbox"/> New <input type="checkbox"/> Revision <input type="checkbox"/> Continued				Children ___ (0 to less than 3) ___ (3 – 5)  Special Needs Children ___ (0 to less than 3) ___ (3 – 5)	SR Only \$_____  Blended \$_____  Leveraged \$_____

**NOTE:** Applicants must complete one form for each Result Area. See instructions on the following page.

## Form 3 Instructions

Complete a separate Form 3 for each **Result Area** from the following four: (1) Improved Family Functioning, (2) Improved Child Development, (3) Improved Health, and (4) Improved Systems of Care.

Provide a list of all Cycle 2 services in the **Services** column. **Attachment 4 – First 5 Result Areas and Services** must be used for your service selection. Check the appropriate box that best describes the service – a new or additional service, a revision to an existing service or a continued service.

Briefly describe how you would administer this service using one to two sentences and list the program partners that will help provide each service in the **Partner** column.

Indicate 'EB' for Evidence-Based or 'PP' for Promising Practice for each service in the **Evidence-Based or Promising Practice** column. **Attachment 5 – School Readiness Explanation of Terms** provides descriptions of both practice types.

Provide the projected number of the children to be served in each age category for each service in the **Target Population**.

Indicate the funding source in the **Funding Source** column for each service using the following options:

- School Readiness funds only (both State and local matching funds) – those listed in Form 4 School Readiness Program Funding Sources and Amount
- Blended funds (State and local matching funds plus other partner funds)
- Leveraged funds (No School Readiness funds)

**SAMPLE**

**Kids School Readiness Program  
Fiscal Year 1 Budget Narrative by Expenditure Classification**

**SAMPLE**

The First 5 County Commission will continue its commitment to the Kids School Readiness Program. The continued development of the Kids School Readiness Program, in partnership with the First 5 County, and other local county School Readiness partners and services has resulted in a comprehensive School Readiness program that provides a multilayered, family-focused, strength-based program. The Kids School Readiness Program continues to be an important part of the First 5 County strategic plan as well as meeting the assessed need of the county's children ages 0 to 5 and families. We hope to continue this strong partnership in providing direct services to our youngest children and continue to create opportunities for leveraging.

**A. Four-Year Total Revenue Budget \$1,468,000**

First 5 Local and Partner Cash Match (4-year total)	\$948,000
First 5 California School Readiness Funds (4-year total)	\$520,000

**B. Fiscal Year 1 Annual Budget \$ 367,000**

First 5 Local and Partner Cash Match	\$237,000
First 5 California School Readiness Funds	\$130,000

**Budget narrative for Fiscal Year 1 by expenditure classification:**

**1. Personal Services Total \$ 186,352**

	<u>Local Cash Match</u>	<u>State Funds</u>
Program Coordinator	\$82,690	\$ 0
Outreach /Home Visitor	\$ 0	\$32,000
Health Program Specialist/Nurse	\$71,662	\$ 0

The Kids School Readiness Program has hired:

School Readiness Program Coordinator at a salary of \$82,690 to be paid for by First 5 County.

Outreach/Home Visitor (PAT) at a salary of \$32,000 paid for by First 5 California State funding. Home visitor will visit at least 15-20 families per month.

Health Program Specialist/Nurse will be hired to provide immunizations and annual physical exams for children ages 0 to 5. The salary is \$71,662 to be paid for by the First 5 County.

<b>2. Benefits</b>		<b>Total</b>	<b>\$ 30,152</b>
	<u>Local Cash Match</u>	<u>State Funds</u>	
SR Program Coordinator	\$12,403	\$ 0	
Outreach/Home Visitor	\$ 0	\$7,000	
Health Program Specialist/Nurse	\$10,749	\$ 0	

See above descriptions.

<b>3. Materials and Supplies</b>		<b>Total</b>	<b>\$ 3,000</b>
	<u>Local Cash Match</u>	<u>State Funds</u>	
Office Supplies	\$ 2,000	\$1,000	

Office supplies for School Readiness Coordinator, Home Visitor, and Health Specialist.

<b>4. Contractual Services</b>		<b>Total</b>	<b>\$147,496</b>
	<u>Local Cash Match</u>	<u>State Funds</u>	
Evaluator	\$25,000	\$40,000	
Dental Van Services	\$20,000	\$40,000	
Mobile Book Project	\$12,496	\$10,000	

Evaluation Excellence, an evaluation firm, contract at a cost of \$65,000.  
\$25,000 paid by First 5 County and \$40,000 by First 5 California State funding.

The provision of local evaluation services specific to the Kids School Readiness Program includes the local evaluation design, data collection tool development, data collection and analysis, and evaluation report development and dissemination.

Smiles for Miles contract at a cost of \$60,000.

\$20,000 paid by the First 5 County and \$40,000 by First 5 California state funding.

This amount will partially fund a dentist, a dental assistant, caries prevention and treatment, supplies, gas/mileage, and promotional materials. IT Inc. and XYZ Foundation are funding the remainder of the costs for the dental van.

The provision of mobile van services for children ages 0 to 5 served by Kids School Readiness Program, includes monthly visits to six (6) family childcare and ten (10) preschool sites in the program's catchment area. Funds a dentist, dental assistant, caries prevention and treatment supplies, gas/mileage, and promotional materials.

## 5. Capital Improvements

**Total        \$ 0**

**NOTE: This narrative sample only includes one fiscal year, however a four-year budget narrative is required.**

Also note that the numbers provided in the Sample Budget are given as examples and do not reflect actual program costs for Programs mentioned. Actual costs may vary.

**School Readiness Program  
Partner and School List – Cycle 2**

<b>Agency and Address (Including School and District)</b>	<b>Contact Person/Title</b>	<b>Phone/Email</b>	<b>New Partner for Cycle 2 (Y or N?)</b>	<b>Providing Local Cash Match (Y or N?)</b>	<b>CDS Code</b>	<b>API</b>

If partner agency is a school, provide CDS (County District School) Code and API score in last two columns. Otherwise leave blank. CDS coding system as published in the California Public School Directory. Current API scores can be found at <http://dq.cde.ca.gov/dataquest/>.

Attach MOU/collaborative agreement for each partner listed. If MOUs are not completed and signed at the time of application, please provide an explanation as to why they are not currently available and a date when they will be completed. All MOUs must be submitted by September 30, 2008.

List all partners, both cash match and in-kind. All partners listed on Form 4 must also be listed on Form 6.



**FORM 7**

**SCHOOL READINESS PROGRAM – CYCLE 2  
PROGRAM DIRECTORY INFORMATION/PROGRAM PROFILE**

*Summarize the major services of each School Readiness Program. These descriptions may appear on the First 5 California Web site at: [www.ccfc.ca.gov](http://www.ccfc.ca.gov) and will be used for information and training purposes.*

<b>County Commission:</b> <b>Executive Director:</b> <b>Address:</b> <b>Phone:</b> <b>FAX:</b> <b>E-Mail:</b> <b>First 5 County contact:</b> <b>Phone and E-mail:</b>	<b>School Readiness Program:</b> <b>Contact:</b> <b>Title:</b> <b>Street:</b> <b>City/Zip:</b> <b>Phone:</b> <b>FAX:</b> <b>E-Mail:</b>
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School District/School	Enrollment	Grades

School District/School	Enrollment	Grades

**List additional schools on additional sheets, if necessary**

Community Characteristics	
Services  (List at least one service <b>in each Result Area</b> )	
Funding and/or Collaborative Partners  Please indicate the type of Partner  F = Funding C = Collaborative	

**Form 9**

**School Readiness Program  
Request for Cycle 2 County Coordination Funds**

Please disburse \$\_\_\_\_\_in School Readiness County Coordination Funds to the First 5 \_\_\_\_\_County Children and Families Commission for Fiscal Year \_\_\_\_\_. This amount equals our annual allocation for School Readiness County Coordination Funds only, and does not include funds approved for School Readiness Matching Funds (First 5 California School Readiness Funds).

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Signature

Date

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Name

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Title (County Commission Chair or Executive Director)